

TRANSCRIPT ORDER				FEE PAYMENT ONLY DUE DATE:	
1. NAME Mark S. O'Connor		2. PHONE NUMBER 602-530-8000		3. DATE 5/8/2017	
4. FIRM NAME Gallagher & Kennedy, PA					
5. MAILING ADDRESS 2575 E. Camelback Road		6. CITY Phoenix		7. STATE AZ	8. ZIP CODE 85016
9. CASE NUMBER MD-15-02641-PHX-DGC		10. JUDGE David Campbell		DATES OF PROCEEDINGS 11. 5/3/2017 12.	
13. CASE NAME In Re Bard IVC Filters Products Liability Litigation		LOCATION OF PROCEEDINGS 14. Phoenix 15. STATE Arizona			
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S) <input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> VOIR DIRE					
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING	5/3/2017 - entire hearing
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input checked="" type="checkbox"/> ASCII (e-mail)	costs split between parties
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS deborah.yanazzo@gknet.com	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
19. SIGNATURE s/ Mark S. O'Connor					
20. DATE 5/8/2017					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED		DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	

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ORDER RECEIPT

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